

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
097623181

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		1		1		
4		3		1		
5		1		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18	/		/			
19	/		/			
20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25	/		/			
26	/		/			
27		2		1		
28		2		1		
29		0		1		
30		0		1		
31		0		1		
32		0		1		
33		0		1		
34		0		1		
35		0		1		
36		0		1		
37	/		/			
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42	/		/			
43		2		1		
44		4		1		
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	20		16			
TOTAL DEP.	40		32			
TOTAL CLAIMS	60		48			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS